## FILING DATE SERIAL NO. MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. ioz 10] 10% i TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL TOTAL OB